Sometimes, due to paucity of funds near the end of the financial year, additional funds are sought for clearing the bills of the CGHS Authorised Local Chemists.

Opening Medicine Shops in Rural Areas

1113. SHRI K. RAMA MOHANA RAO:
SHRIMATI VANGA GEETHA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that only ten per cent of villages in the country have medicine shops; and

(b) if so, the action proposed to issue more licences for opening new medicine shops in rural areas only?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) Under the Drugs and Cosmetics Act 1940 and rules made thereunder the responsibility of granting sale licences to medicine shops for sale of drugs rests with Licensing Authorities appointed by the State Governments. The availability of a medicine shop in a particular village/area generally depends upon its economic viability in terms of sales and presence of medical practitioners in that area who prescribe drugs.

(b) There is no restriction under the law for opening medicine shops in rural areas. The rules allow for an itinerant vendor to establish a shop in a village or town having population of five thousand or less, for sale of limited categories of drugs without the services of a registered pharmacist and the fee for such a licence is Rs. 10/- only. The said rules further provide for sale of certain house hold remedies without a sale licence in a village having population of not more than one thousand persons provided there is no licensed dealer in such a village under the Act.

Recommendation of Drugs Consultative Committee

1114. SHRI RAMA MUNI REDDY SIRIGIREDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the Drugs Consultative Committee had recommended for a centralized regulatory system to deal with technical, legal and lab-related aspects of this sector;

(b) whether the Committee has also recommended for introduction of good laboratory practices norms for mandatory accreditation for health care labs in the country under the National Bureau for Accreditation of Laboratories; and

(c) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) to (c) The recommendations in respect of a Centralized Drug Regulatory system in the country to deal with technical legal and laboratory related aspects of the Drugs sector and that accreditation with National Accreditation Board for Laboratories (NABL) should be made mandatory for all drug testing Labs, including Government Labs, were made by a high power committee constituted by Government of India, under the Chairmanship of Dr. R.A. Mashelkar and not by the Drugs Consultative Committee. The Mashelkar Committee recommended as under:—

(1) A strong, well equipped, empowered independent and professionally managed CDSCO which could be given the status of Central Drug Administration (CDA) reporting directly to Ministry of Health would be the most appropriate solution.

(2) The State Central Organization should be urgently strengthened with competent and trained manpower and with adequate budget.

(3) Drugs and Cosmetics Rules should be amended to include Good Laboratory Practices (GLP) norms as statutory requirement for approved testing laboratories and also the in-house testing laboratories of the manufacturers.

(4) Accreditation with NABL should be made mandatory for all testing laboratories including Government Laboratories.

(5) The State testing laboratories should be frequently audited by a team of experts to ensure their proper functioning.

Ban on Sijafride Medicine

†1115. SHRI MOTILAL VORA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that despite the ban on 'sijafride' medicine, it is openly available in the country;

†Original notice of the question was received in Hindi.